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**TRANSMITTAL
FORM**

Application Number	10/737,309
Filing Date	December 16, 2003
First Named Inventor	Makoto Kawai
Art Unit	1625
Examiner Name	Zinna Northington Davis
Attorney Docket Number	PC 25538A

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement as provided by 37 CFR 1.97(c), return post card.
Remarks Authorization to charge the fee and any additional fees as necessary or credit any overpayment to Deposit Account 23-0455 is hereby given.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warner-Lambert Company LLC		
Signature	<i>Suzanne M Harvey</i>		
Printed name	Suzanne M. Harvey		
Date	March 7, 2006	Reg. No.	42,640

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Cerene A. Boudrie</i>		
Typed or printed name	Cerene A. Boudrie	Date	March 7, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Customer No. 28880

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

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First Named Inventor	Makoto Kawai
Examiner Name	Zinna Northington Davis
Art Unit	1625
Attorney Docket No.	PC 25538A

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 23-0455 Deposit Account Name: Warner-Lambert Company LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = _____ x 50.00 = 0.00		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x 200.00 = 0.00		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	360.00	
Fee Paid (\$)		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x 250.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	<i>Suzanne M Harvey</i>	Registration No. (Attorney/Agent) 42,640	Telephone (734) 622-2658
Name (Print/Type)	Suzanne M. Harvey	Date	March 7, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 USSN 10/737,309 FILED: December 16, 2003
 Docket No. PC 25538A



PC25538A

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICANT : Makoto Kawai, et al.

EXAMINER : Zinna Northington
Davis

SERIAL NO. : 10/737,309

ART UNIT : 1625

FILED : December 16, 2003

PAPER NO :

FOR : Cycloalkylene Amide Compounds as NR2B Receptor Antagonists

Statement as Provided by 37 CFR 1.97(c)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Supplemental Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR §1.97(b) and before the mailing date of any final action under § 1.113, a notice of allowance under §1.311 and/or an action that otherwise closes prosecution in the application.

As such, the Applicants respectfully request consideration of the enclosed Supplemental Information Disclosure Statement and request that all references cited herein be printed on the face of the patent upon grant of the Application.

It is understood by the Applicants that this paper requires a fee as set forth in 37 CFR 1.17(p) for which authorization is given to charge any necessary fees and any additional fees or credit any overpayment to Deposit Account 23-0455.

Respectfully submitted,

Dated: March 7, 2006

Suzanne M. Harvey
Suzanne M. Harvey
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01 FC:1806 180.00 DA

US 10/737,309 FILED: December 16, 2003
Docket No. PC 25538A



PTO/SB/08A (07-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO

(Use as many sheets as necessary)

Complete if Known

Application Number	10/737,309
Filing Date	December 16, 2003
First Named Inventor	Makoto Kawai, et al
Art Unit	1625
Examiner Name	Zinna Northington Davis
Attorney Docket Number	PC 25538A

Sheet	1	of	2
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U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ *Number ⁴ *Kind Code ⁵ (if known)				
		WO03/076395	09-18-2003	Kristof Van Emelen, et al		
		DE4437999 A1 (translation)	05-02-1996	Roland Maier, et al		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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USNN 10/737,309 FILED: December 16, 2003
Docket No. PC 25538A

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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known			
		Application Number	10/737,309		
		Filing Date	December 16, 2003		
		First Named Inventor	Makoto Kawai, et al.		
		Art Unit	1625		
		Examiner Name	Zinna N. Davis		
Sheet	2	of	2	Attorney Docket Number	PC25538A

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		F FOUCHARD, et al., "Synthesis and Pharmacological Evaluation of (Indol-3-yl)alkylamides as Potent Analgesic Agents", Arzeim-Forsch/Drug Res. 2001, Vol. 51, No. 2, pp 814-824	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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